

**SECOND OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**AVON PARK CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey  
Conducted March 19-21, 2019

**CMA STAFF**

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**I. Overview**

On March 19-21, 2019, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Avon Park Correctional Institution (AVPCI). The survey report was distributed on April 15, 2019. In May 2019, AVPCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the AVPCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

**Summary of CAP Assessments for Avon Park Correctional Institution**

CAP #	Request Date for Monitoring Documents	CAP Assessment Date	Assessment Location	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/19/19	12/5/19	On-site	15	6	9
2	3/11/20	4/18/20	Off-site	6	0	6

**II. Physical Health Assessment Summary**

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><b>Endocrine Clinic</b>                      PH-1: In 1 of 4 applicable records (16 reviewed), inmates with HgbA1c over 8% were not seen every 3 months as required.</p>	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Infirmary</u></b> PH-6: In 1 of 3 applicable records (14 reviewed), there was no evidence that the nursing assessment was completed timely.	<b>X</b>				
<b><u>Consultations</u></b> PH-7: In 3 of 12 records reviewed, the diagnosis was not recorded on the problem list.	<b>X</b>				

### III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 mental health findings were corrected. All mental health findings are closed.

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Self-Harm Observation Status</u></b> MH-3: In 1 record, there was no evidence of daily rounds by the clinician.	<b>X</b>				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Inmate Requests</u></b> MH-4: In 4 of 11 records reviewed, a referral was indicated in the request response but did not occur timely.	<b>X</b>				
<b><u>Outpatient Mental Health</u></b> MH-5: In 6 of 10 records reviewed, the Individualized Service Plan (ISP) was not signed by all relevant parties.	<b>X</b>				

#### **IV. Conclusion**

All findings as a result of the March 2019 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.